County Child Care Fraud Plan Calendar Year 2012 Due February 28, 2012

Please summarize your agency's fraud plan in accordance with the template below. You may fill in the template provided, or supply an attachment detailing the same information requested.

If your agency is participating in a consortium and subcontracts for fraud investigations and overpayment calculations, please include instruction given by <u>your agency</u> to the contracted agent or signed contract in regards to specified instructions to ensure the agent is performing the actions and quality assurance measures required by contract.

Instructions: Fill out the template below with the appropriate information. Click in the grey boxes to type response. Double click in the square boxes and click checked.

Agency:

Date:

2012 Fraud Allocation: \$				
Part of fraud consortium? Yes No	If yes, which one?			
Please attach the following forms if your agency is part of a fraud consortium:				
Contract				
Detailed responsibilities for both agency and consortium				
Blank client and provider Referral Form				
Agency Fraud Contact				
Name:	Position:			
E-mail:	Phone:			
Address:				
Below are the details of the FFY 2011 fraud prevention/detection activity				
2011 Fraud Allocation: \$	Amount Spent: \$			
# of provider cases investigated:	# of client cases investigated:			
Dollar amount of PROVIDER	Dollar amount of CLIENT overpayments			
overpayments entered: \$	entered: \$			
Amount recouned: \$	Amount recouned: \$			

	oup/individual/in-house) that were attended du	ring the
calendar year of 2011		
Name(topic) of Training:		
Name of Trainer:		
Date of training:		
Staff who attended/positions:		
Name (topic) of Training:		
Name of Trainer:		
Date of training:		
Staff who attended/positions:		
Please name staff dedicated to prog	ram integrity efforts. Include all full and /or p	artial
	front end monitoring, quality assurance, fraud	
detection, overpayment calculation	s and pursuits of fraud. An organizational char	rt is
optional.		
Name	Position	FT/PT
		1
WEBI reporting for your agency		
Does your agency use WEBI report	rs for program monitoring?	
Boes your agency use will report	s for program monitoring.	
If yes, who in your agency has acce	ess to child care subsidy web reports (WEBI)	
Please list name and position	as to child care subsidy web reports (WLDI)	
rease list hame and position		
What WEBI reports are used within	your agency as relating to child care and prog	oram
integrity monitoring?	i your agency as relating to ennia care and prog	514111
integrity monitoring.		

Client Related Program Integrity Efforts

Describe your agencies' **FRONT END MONITORING SYSTEM**. This includes any screening during the client eligibility process to ensure proper processing for the client's child care authorization. Please include a narrative statement describing each bullet.

- Number of staff responsible for front end monitoring
- Systems used to ensure program integrity
- Any process used to verify information is correct and client is receiving appropriate benefits
- If your agency uses an error prone profile, please include a copy

Please include any agency related forms that are used.

- Shared placement/custody documentation
- Work schedule
- School schedule (2 year limit for higher education)

Examples of front end monitoring:

- 1) Additional employment verification (form to fill out-days/hours of employment)
- 2) Custody agreements/placement documentation
- 3) During authorization process double checking provider's authorizations, compliance and ability to care for this child(ren)-hours/days care provided
- 4) Monitoring attendance report forms to ensure hours are being used properly during documented hours and days
- 5) Parent is made aware the ramifications of not reporting changes timely and reporting false information to worker. Parent realizes there may be a overpayment if found to have violated Shares provisions.

Documents Attached	Yes No	

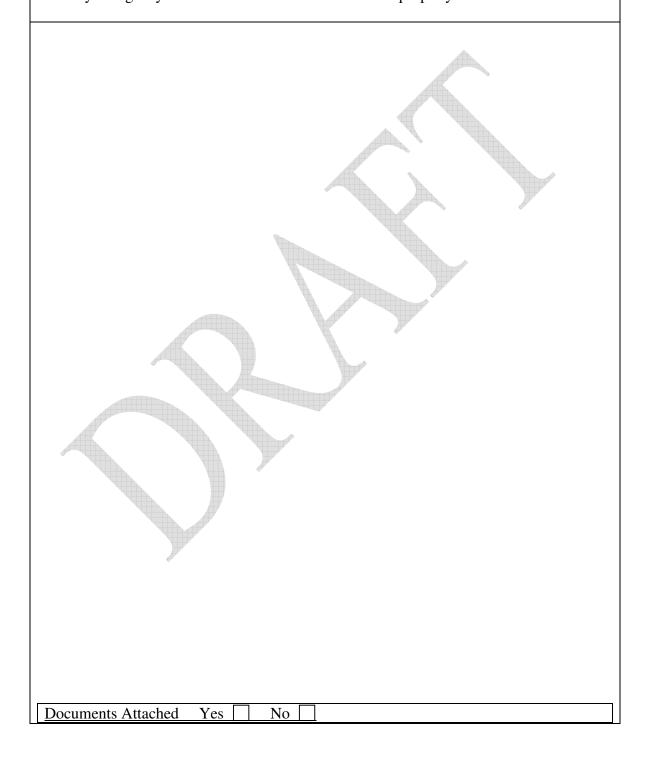
Please describe the **REFERRAL INTAKE PROCESS** for possible client fraud, client ineligibility or possible overpayment recoupment needs.

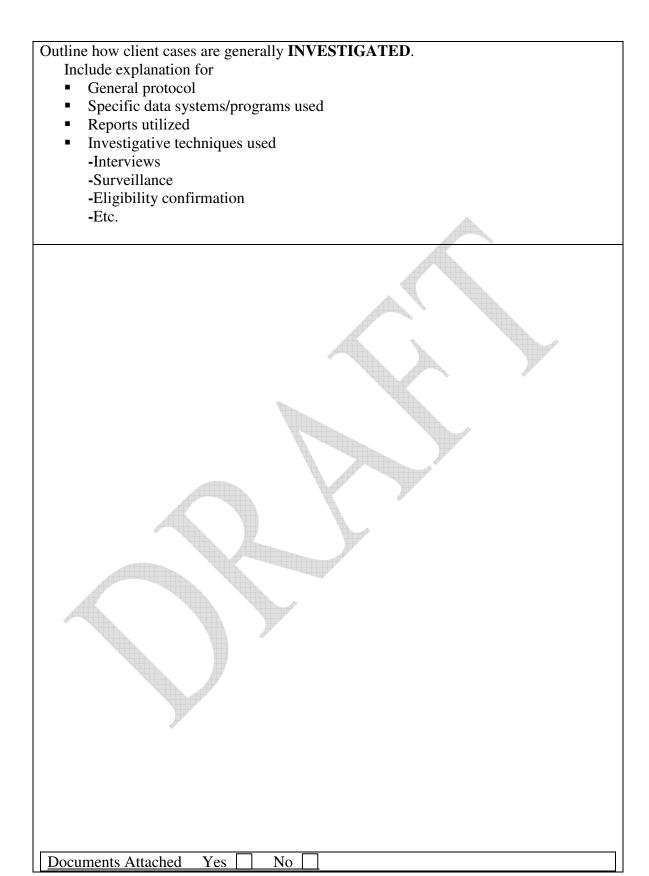
- Outline staff involved/informational flow
- Describe tracking system used
- Substantiation of referral process
- What qualifies for further internal or external investigation
- Include any reports or documentation materials used



Outline the steps for **A CASE REFERRAL** for an internal, external or subcontracted investigation for a client.

- What pre-investigation measures are taken by the internal/external agency to ensure the complete case is being investigated?
- Supply copies of any forms used for the referral
- Agencies are responsible for actions taken on their behalf. What follow up does your agency take to ensure the case was handled properly?







- Who is responsible for calculating client overpayments?
- Who (position) enters this into the BV system?
- Attach or explain any additional documentation that may be sent out to clients on behalf of your agency regarding their overpayment
- Who represents the agency at a fair hearing?



Provider Related Program Integrity Efforts

Describe your agencies' **FRONT END MONITORING SYSTEM**. This includes any monitoring during the authorization process, attendance entry/CCPI monitoring, system checks, Please include a narrative statement describing each bullet.

- Number of staff responsible for front end monitoring
- Systems used to ensure program integrity
- Any process used to verify information is correct

Please include any agency related forms that are used.

Examples of front end monitoring:
1) System Monitoring
-CSAW
-ECF
2) Authorizations
-ages of children
-is provider a recipient
-more than 6 children authorized for certified provider
-more than 12 children authorized for LFAM
-provides care on days needed (weekends, nights)
3) Monitoring attendance report forms
-under utilization
-holiday hours/attendance
-daily attendance patterns
-completeness
Documents Attached Yes No

Please describe the **REFERRAL INTAKE PROCESS** for possible provider fraud or overpayment recoupment needs.

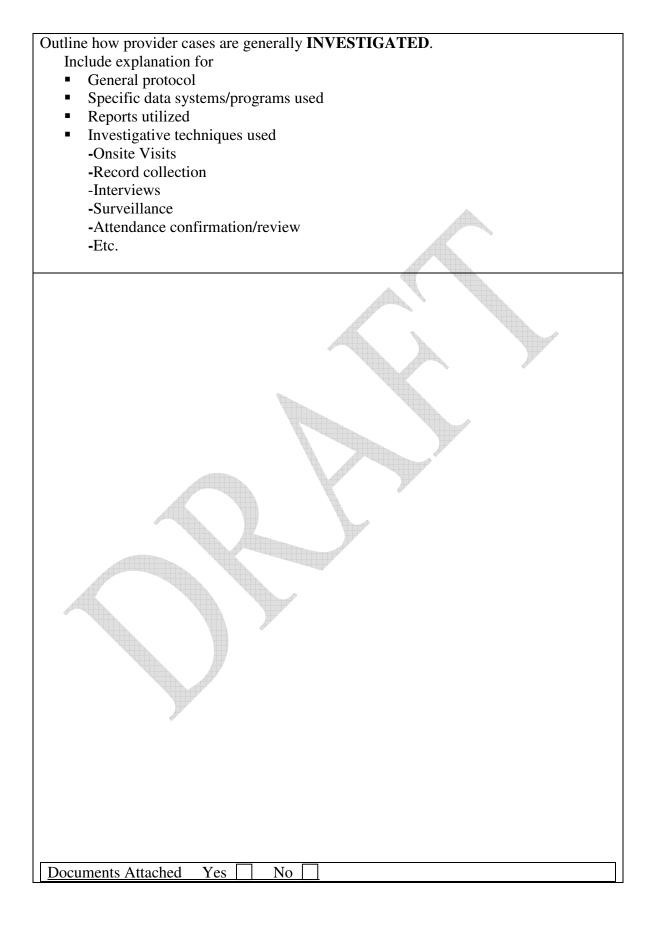
- Outline staff involved/informational flow
- Describe tracking system used
- Substantiation of referral process
- What qualifies for further internal or external investigation
- Include any reports or documentation materials used



Outline the steps for **A CASE REFERRAL** for an internal, external or subcontracted investigation for a provider.

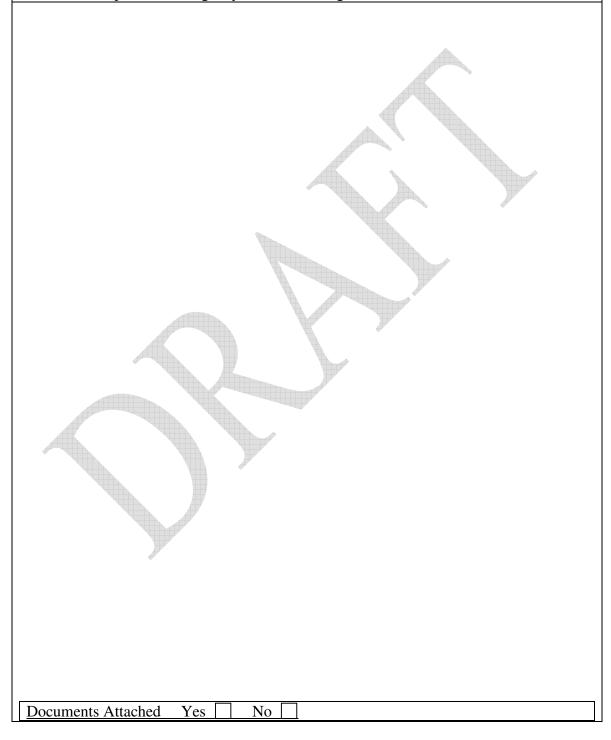
- What pre-investigation measures are taken by the internal/external agency to ensure the complete case is being investigated?
- Supply copies of any forms used for the referral
- Agencies are responsible for actions taken on their behalf. What follow up does your agency take to ensure the case was handled properly?





Calculation of **OVERPAYMENTS**

- Who is responsible for calculating provider overpayments?
- What calculation tools are used?
- Who (position) enters this into CSAW?
- Attach or explain any additional documentation that may be sent out to providers on behalf of your agency regarding their overpayment
- Who represents the agency at a fair hearing?



Please describe any **corrective action** procedures that may be put in place for providers who have violated the Wisconsin Shares program

- For example: -provider meetings
 - -training opportunities
 - -Agency refusal in accordance to Chapter 3.6.14



Please e-mail or mail a copy of your fraud plan to your regional coordinator

Any questions, please call Emily Woger or your regional coordinator at the corresponding number

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